

<i>SERFF Tracking Number:</i>	<i>MUTA-126022653</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Mutual of Omaha Insurance Company</i>	<i>State Tracking Number:</i>	<i>41460</i>
<i>Company Tracking Number:</i>	<i>JEFF LAFOND</i>		
<i>TOI:</i>	<i>H15I Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H15I.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>2009 MoO Individual Health Medical Expense - Forms 100 VB/F et al</i>		
<i>Project Name/Number:</i>	<i>Forms 100 VB/F et al/AR - 2009</i>		

Filing at a Glance

Company: Mutual of Omaha Insurance Company

Product Name: 2009 MoO Individual Health SERFF Tr Num: MUTA-126022653 State: ArkansasLH

Medical Expense - Forms 100 VB/F et al

TOI: H15I Individual Health - SERFF Status: Closed State Tr Num: 41460

Hospital/Surgical/Medical Expense

Sub-TOI: H15I.001 Health - Co Tr Num: JEFF LAFOND State Status: Approved-Closed

Hospital/Surgical/Medical Expense

Filing Type: Rate Co Status: Reviewer(s): Rosalind Minor

Author: Jeff LaFond Disposition Date: 02/10/2009

Date Submitted: 02/05/2009 Disposition Status: Approved-Closed

Implementation Date Requested: 06/01/2009 Implementation Date:

State Filing Description:

General Information

Project Name: Forms 100 VB/F et al

Project Number: AR - 2009

Requested Filing Mode:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: The proposed rate increase is pending in our state of domicile, Nebraska.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact: 15%

Group Market Type:

Filing Status Changed: 02/10/2009

Explanation for Other Group Market Type:

State Status Changed: 02/10/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Re: 2008 Medical Expense Rate Increase Filing on Forms 7 CH/F, 8 CM/F, 13 CM/F, 23 CM/F, 30 CH/F, 30 CM/F, 53 CM/F, 54 CM/F, 55 CM/F, 56 CM/F, 96 CM/F, 100 VB/F, DXF,

SERFF Tracking Number: MUTA-126022653 State: Arkansas

Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 41460

Company Tracking Number: JEFF LAFOND

TOI: H151 Individual Health - Sub-TOI: H151.001 Health - Hospital/Surgical/Medical
Hospital/Surgical/Medical Expense Expense

Product Name: 2009 MoO Individual Health Medical Expense - Forms 100 VB/F et al

Project Name/Number: Forms 100 VB/F et al/AR - 2009

H201, H203, H210, H218, HM81 and U4510

The enclosed filing has been prepared to request approval of the proposed 15.0% rate increase. The target implementation date is June 1, 2009. The attached actuarial memorandum and certification support the requested rate increase.

Company and Contact

Filing Contact Information

Jeff LaFond, Lead Actuarial Analyst
6-Rerating
Omaha, NE 68175

Jeff.LaFond@mutualofomaha.com
(402) 351-3799 [Phone]

Filing Company Information

Mutual of Omaha Insurance Company
Mutual of Omaha Plaza
Omaha, NE 68175
(402) 351-2304 ext. [Phone]

CoCode: 71412

Group Code: 261

Group Name:

FEIN Number: 47-0246511

State of Domicile: Nebraska

Company Type: Health Insurance

State ID Number:

Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation: Filing fee required for rate increase filings.

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Mutual of Omaha Insurance Company	\$50.00	02/05/2009	25519156

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
	\$0.00	

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Product Name:	2009 MoO Individual Health Medical Expense - Forms 100 VB/F et al		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	02/10/2009	02/10/2009

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Disposition

Disposition Date: 02/10/2009

Implementation Date:

Status: Approved-Closed

Comment: We have approved your request of a 15% level rate increase on this submission. The approval is subject to the following conditions:

1. Rate increases will not be given prior to the first annual anniversary date of any policy.
2. After the first annual anniversary date of any policy, increases will not be given more frequently than once in a twelve (12) month period.
3. All increases in rates, other than a change in age or an individual moving to another geographical area, must be submitted to our Department for approval.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Mutual of Omaha Insurance Company	15.000%	15.000%	\$4,008	18	\$26,721	15.000%	15.000%

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Rate	rate schedule	Approved-Closed	No

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Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	15.000%
Effective Date of Last Rate Revision:	06/01/2008
Filing Method of Last Filing:	SERFF

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Mutual of Omaha Insurance Company	15.000%	15.000%	\$4,008	18	\$26,721	15.000%	15.000%

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Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
Approved- Closed	rate schedule	7 CH/F, 8 CM/F, 13 CM/F, 23 CM/F, 30 CH/F, 30 CM/F, 53 CM/F, 54 CM/F, 55 CM/F, 56 CM/F, 96 CM/F, 100 VB/F, DXF, H201, H203, H210, H218, HM81, U4510	New		rates - arkansas (2009).pdf

**Mutual of Omaha Insurance Company
Mutual of Omaha Plaza, Omaha, NE 68175**

Arkansas

Policy Form	Policy Number	Number of Insureds	Current Annual Premium	Proposed Increase	Proposed Annual Premium
100 VB/F	114969-76	2	218.52	15.0%	251.30
100 VB/F	194887-71	1	1,251.00	15.0%	1,438.65
100 VB/F	208656-70	1	905.88	15.0%	1,041.76
100 VB/F	236567-78	1	94.32	15.0%	108.47
100 VB/F	262249-71	1	1,031.60	15.0%	1,186.34
100 VB/F	321038-74	1	821.56	15.0%	944.79
100 VB/F	369387-79	1	84.12	15.0%	96.74
100 VB/F	391697-75	1	1,265.72	15.0%	1,455.58
100 VB/F	482913-73	1	1,182.84	15.0%	1,360.27
100 VB/F	510670-73	2	1,844.68	15.0%	2,121.38
100 VB/F	588964-71	1	536.72	15.0%	617.23
100 VB/F	590030-74	1	1,418.76	15.0%	1,631.57
100 VB/F	593948-71	1	20.40	15.0%	23.46
100 VB/F	644562-73	2	1,727.64	15.0%	1,986.79
53 CM/F	166234-84	1	1,038.96	15.0%	1,194.80
53 CM/F	246782-90	1	2,864.04	15.0%	3,293.65
H218	019289-15	3	4,675.58	15.0%	5,376.92
H218	019661-15	1	4,695.11	15.0%	5,399.38